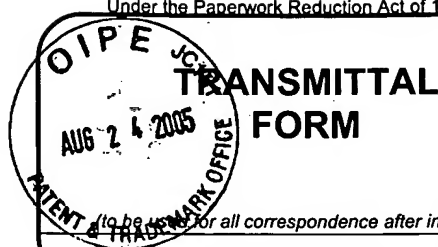


EV633265449

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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(to be used for all correspondence after initial filing)

Application Number	10/669,667
Filing Date	September 23, 2003
First Named Inventor	Li Li
Art Unit	1722
Examiner Name	Felisa Carla Hiteshew
Attorney Docket Number	MI22-2144

ENCLOSURES (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply to Office Action dated 06/02/05
<input type="checkbox"/> After Final Action
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement w/Form PTO-1449
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
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<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Return Receipt Postcard; Check for \$180.00 |
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Customer No. 021567.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Wells St. John P.S.		
Signature			
Printed name	Mark S. Matkin		
Date	8/24/05	Reg. No.	32,268

CERTIFICATE OF TRANSMISSION/MAILING

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL AUG 24 2005 For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/669,667
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Filing Date	September 23, 2003
		First Named Inventor	Li Li
		Examiner Name	Felisa Carla Hiteshew
		Art Unit	1722
		Attorney Docket No.	MI22-2144

METHOD OF PAYMENT (check all that apply)
☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

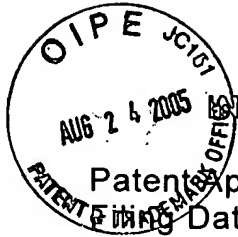
Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement **Fees Paid (\$)** 180**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	32,268	Telephone	(509) 624-4276
Name (Print/Type)	Mark S. Matkin	Date	8/22/03		

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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application Serial No. 10/669,667
Filing Date September 23, 2003
Inventor Li Li et al.
Assignee Micron Technology, Inc.
Group Art Unit 1722
Examiner Felisa Carla Hiteshew
Attorney Docket No. MI22-2144
Customer No. 021567
Title Atomic Layer Deposition Methods of Forming Silicon Dioxide Comprising
Layers


SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

References -- See Attached Form PTO-1449

The attached form PTO-1449 is submitted in compliance with
37 CFR §1.56. No admission is made regarding whether all the listed references
are prior art.

Respectfully submitted,

Dated: 8-24-05

By: 
Mark S. Matkin
Reg. No. 32,268

08/26/2005 CNGUYEN2 00000046 10669667

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Form PTO-1449		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTY. DOCKET NO. MI22-2144		SERIAL NO. 10/669,667	
LIST OF ART CITED BY APPLICANT (Use several sheets if necessary)				APPLICANT: Li Li et al.			
				FILING DATE September 23, 2003		GROUP 1722	

U.S. PATENT DOCUMENTS							
*Examiner's Initials	Document Number	Date	Name	Class	Subclass	Filing Date If Appropriate	
AA	6,511,539 B1	01/28/03	Raaijmakers				
AB	6,605,549 B2	08/12/03	Leu et al.				
AC	6,713,873 B1	03/30/04	O'Loughlin et al.				
AD	2003/0200917 A1	10/30/03	Vaartstra				
AE							
AF							
AG							
AH							
AI							

FOREIGN PATENT DOCUMENTS							
Document Number	Date	Country	Class	Subclass	Translation		
					Yes	No	
AJ							
AK							
AL							

OTHER REFERENCES (including Author, Title, Date, Pertinent Pages, Etc.)			
AM			
AN			
AO			
EXAMINER.		DATE CONSIDERED	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.